PTO/SB/83 (03-02)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	ormation unless it displays a valid OMB control number 09/980,150		
Filing Dat	08/05/2002		
First Named Inventor	Gregory S. KELLER.		
Group Art Unit	1615		
Examiner Name	Not Yet Assigned		
Attorney Docket Number	514072000100		

То:	P.O. Box 14	ner for Patents 450 Virginia 22313					
I hereby apply to withdraw as attorney or agent for the above identified application.							
This request to withdraw is being made at the request of the applicant.							
1.	The corres	pondence address is NOT	r affected by	this withdrawal.			
2. X							
CORRESPONDENCE ADDRESS							
Пс	Customer Number						
□ OR	Customer Number						
Fim		Stuart Macphail					
	vidual Name	Fish & Richardson P.0	C				
Address	45 Rock	efeller Plaza, Suite 2	800				
City	New York	k	State	New York	Zip	10111	
Country	US		Telephone	212 765-5070	Fax	212 258-2291	
X 7	This request	is made on behalf of mys	elf and				
	all attorneys/agents of record,						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
L		eys/agents associated wi	th Custome	r Number	25225		
		osed in triplicate.					
Name	Kate F	I. Murashige - Reg. No	. 29,959				
Signatu		till. Mun	asly	عــ			
Date		er 24, 2003		7			
		al is effective when appro at least 30 days between			opiration date o	of a time	
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

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TDANOMITT	A I	Application Number	09/980,150							
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	08/05/2002							
		First Named Inventor	Gregory S. KELLER							
		Group Art Unit	1615							
		Examiner Name	To be Assigned							
Total Number of Pages in This Submission 4		Attorney Docket Number	er 514072000100							
	ENCLOSURES (check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)	Application Power of Attor	ated Papers onvert to a Provisional mey, Revocation rrespondence Address claimer Refund	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter X Other Enclosure(s) (please identify below) Request to Withdraw as Attorneys of Record (in triplicate); postcard							
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	stomer No. 25225								
		ANT, ATTORNEY, OR A	GENT							
Firm Morrison & Foerste Or Individual Name 3811 Valley Centre	rLLP), San Diego, CA 92	130-2332							
Signature City	Menarl	~ <i>(</i>)								
Date October 24, 2003		8								

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in
an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: 10/24/03 Signature: That There it (Matt Russell)
Dated: 10/24/03 Signature: Jant Parit; (Matt Russell)